| ⊗ AO 240 (R | tev. 10/03) | | | | | | |
|--------------------|-------------------------------------------------------------------------------------------------------------------|----------------|------------|-------------------------------|--------------|-----------------------------------------------------------|---------------|
| | UNITED STA | ATES D | ISTRIC | CT COU | RAECE | IVED | |
| | Middle | District o | | Alab | ama 2 | 0 A 9:27 | |
| | Plaintiff | W | TTHOU | TION TO T PREPA D AFFID | YMENT | EDCKETT, CLIS ONCT COURT ONCT COURT ONSTRICT ALA | |
| | V . | • | | | | | |
| | Defendant | CA | ASE NUMI | BER: 3' | OU-CV | -1125-Mt | tt |
| 1, <i>Ro</i> | dney R. Cooper | | _declare | that I am th | e (check app | propriate box) | |
| petitio | oner/plaintiff/movant | | 10 m | | | | |
| under 28 sought in | ove-entitled proceeding; that in support USC §1915 I declare that I am unable to n the complaint/petition/motion. | pay the cos | ts of thes | e proceedin | gs and mai i | ent of fees or costs am entitled to the r | elief |
| In suppo | ort of this application, I answer the follow | wing question | ons unde | r penalty of | perjury: | | |
| 1. Are | you currently incarcerated? | Yes | | To | (If "No," | go to Part 2) | |
| If" | Yes," state the place of your incarceration | on $\angle EE$ | - CO. | DETER | STION C | ENTER. | |
| Are | you employed at the institution? NE | Do yo | ou receive | any paymo | ent from the | institution? No | 2. |
| Att | ach a ledger sheet from the institution(s) associous. |) of your inc | carceratio | n showing | at least the | past six months' | , |
| 2. Are | e you currently employed? |] Yes | M 1 | Vo | | | |
| a. | If the answer is "Yes," state the amount and address of your employer. | t of your take | e-home s | alary or wag | es and pay p | period and give the r | name |
| | | | | 0 | | | |
| b. | If the answer is "No," state the date of y and pay period and the name and address SELF EMPLOYED. | ess of your | last emp | loyer. OC | 1-1, d |) O Q | vages |
| 3. In 1 | the past 12 twelve months have you reco | eived any m | oney fro | m any of th | e following | sources? | |
| а. | Business, profession or other self-emp | | X Y | | No | | |
| ъ. Ъ. | Rent payments, interest or dividends | | □ Ye | | ⊅ No | | |
| c. | Pensions, annuities or life insurance p | ayments | | | ⊠No ⊠No | | |
| d. | Disability or workers compensation p | ayments | | | ZYNo | | |
| e. | Gifts or inheritances | | | | Z-No | | |
| f. | Any other sources | 1 L | | | | | _a' a1 |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

| | 040 P (Part 10902) | |
|-----|-----------------------------------------------------------------------------------------------|--------------------------------|
| 407 | 240 Reverse (Rev. 10/03) | |
| | | |
| 4. | Do you have any cash or checking or savings accounts? | DK.No |
| | If "Yes," state the total amount. | |
| 5. | Do you own any real estate, stocks, bonds, securities, other financial instrumthing of value? | ents, automobiles or any other |
| | If "Yes," describe the property and state its value. | |
| | NA | |
| | | |
| 6. | List the persons who are dependent on you for support, state your relationsh | ip to each person and indicate |
| | how much you contribute to their support. ROLLING OF RESERVED SON 300 MATHI | |
| | CHANDLER LOSPER - SON 300 MNTH. | |
| | | |
| | | |

I declare under penalty of perjury that the above information is true and correct.

12-15-06 Date

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

| | IN THE UNITED STATE MIDDLE DIS | ES DISTRICT COURT | FOR THE RECEIVE | D |
|------------------------|--------------------------------|-------------------------|--------------------------------------------------------|-------------|
| | | DIVISION | | |
| | | | 2006 DEC 20 A | 9:27 |
| Rodney | RAPHAEL COOPER | <u>()</u>) | PEBRA P. HACKET U.S. DISTRICT CO MIDDLE DISTRICT | NURT |
| | Plaintiff(s) |)) | 3.06-CV-11 | 25 - MH |
| - | V. |) | • | |
| DAY JONES MEDICAL S | -SHERRIFF FAFF |) | | |
| | Defendant(s) |) | | |
| | MOTION TO PROC | EED IN FORMA PAUF | PERIS . | |
| Plaintiff(s) | Rodwey RA | phael Coop | nel | |
| moves this Hono | rable Court for an order | allowing her/him to p | proceed in this case | without |
| prepayment of fee | es, costs, or security ther | efor, and for grounds t | therefor submits the | attached |
| swom affidavit in | support of the motion. | | | |
| | | Plaintiff(s) si | M Done | |
| • • | | | | |